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**HUMAN GENOME SCIENCES
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FAX COVER SHEET

DATE: November 10, 2004 **TOTAL NUMBER OF PAGES:** 9

TO: Examiner R. Swartz - Art Unit 1645
United States Patent & Trademark Office

FAX NO.: (703) 872-9306

PHONE NO.: (571) 272-0864

FROM: Mark J. Hyman (Reg. No. 46,789)

RE: App. No. 09/830,228 Atty. Docket No. PB370US
Application of: Fraser et al. Filed: September 13, 2002

**The following documents were filed by Human Genome Sciences, Inc.
via facsimile on November 10, 2004:**

1. Fax Cover Sheet
2. Fee Transmittal Sheet
3. Response and Amendment Under 37 C.F.R. § 1.111
4. Certificate of Transmission Under 37 C.F.R. § 1.8

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IN LIEU OF PTO/SB/17 (10-04v2)

*** Please note request to charge additional fees during the pendency of the application.

FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
<small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Application Number	09/830,228-Conf. #3255
		Filing Date	September 13, 2002
		First Named Inventor	Claire M. Fraser
		Examiner Name	R. P. Swartz
		Art Unit	1645
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PB370US
TOTAL AMOUNT OF PAYMENT (\$)		0.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																					
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ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>430</td> <td>2252</td> <td>215</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>980</td> <td>2253</td> <td>490</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,530</td> <td>2254</td> <td>765</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,080</td> <td>2255</td> <td>1,040</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>340</td> <td>2401</td> <td>170</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>340</td> <td>2402</td> <td>170</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>300</td> <td>2403</td> <td>150</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. <input checked="" type="checkbox"/> *** Charge any additional fee(s) during the pendency of the application																																																																																																																																																																																																							
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SUBMITTED BY Name (Print/Type) Mark J. Hyman Registration No. (Attorney/Agent) 46,789 Telephone (240) 314-1224 Signature /Mark J. Hyman/ Date November 10, 2004																																																																																																																																																																																																							